

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24610  
3333

Registration District No. 149 Primary Registration District No. 1012 Registrar's No.

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>ARKANSAS</b> b. COUNTY <b>FRANKLIN</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR <b>KANSAS CITY</b><br>TOWN <b>KANSAS CITY</b>   |  | c. CITY OR TOWN <b>OSARK</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                           |  |
| d. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Osteopathic Hosp</b>  |  | Length of stay in lb <b>1 week</b>  |  |
| 3. NAME OF DECEASED<br>(Type or print) <b>PEARL</b>   |  | Last <b>Hightshoe</b>   |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>   |  |
| 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>   |  | 8. DATE OF BIRTH <b>July 10, 1884</b>   |  |
| 9. AGE (In years last birthday) <b>73</b>   |  | 10. FUND 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>  |  |
| 11. BIRTHPLACE (City and state or country) <b>Lerna, Ill.</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |
| 13a. FATHER'S NAME <b>Ottis Hines</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Florence Foreman</b>   |  |
| 14. NAME OF HUSBAND OR WIFE <b>Deceased - UNKNOWN</b>   |  | Address   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give name, dates of service)  |  | 16. SOCIAL SECURITY NO. <b>None</b>   |  |
| 17. INFORMANT <b>Mrs. J. B. Strange</b>   |  | Address <b>Kansas City, Mo.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute myocardial decompensation</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <b>Cerebral hemorrhage</b><br>DUE TO (c) <b>Generalized arteriosclerosis</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Adynamic ileus</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Hours</b><br><b>1-2 weeks</b><br><b>Years</b>  |  |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |  |   |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20f. CITY, TOWN, OR LOCATION  |  | COUNTY STATE  |  |
| 21. I attended the deceased from <b>July 7, 1957</b> to <b>July 15, 1957</b> and last saw her alive on <b>July 15, 1957</b><br>Death occurred at <b>9:20 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.  |  |   |  |
| 22a. SIGNATURE <b>Dorothy M. Watkins, M.D.</b> (Degree or title)  |  | 22b. ADDRESS <b>809 N. Lexington, Independence, Mo.</b>   |  |
| 22c. DATE SIGNED <b>7/16/57</b>   |  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |  | 23b. DATE <b>July 16-57</b>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>   |  | 23d. LOCATION (City, town, or county) <b>Osark Ark.</b>   |  |
| 24. FUNERAL DIRECTOR <b>Geo. C. Carson</b>  |  | ADDRESS <b>Independence, Mo.</b>  |  |
| 25. DATE RECD. BY LOCAL REG. <b>7-17-57</b>   |  | 26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>  |  |

(Licensed Emballer's Statement on Reverse Side)

Dorothy M. Watkins USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Herald E. Woodruff

Licensed Embalmer No. 4609  
P. O. Address Indep. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

